

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 583144

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 2 | | | | | |
| 18 | 2 | | | | | |
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| TOTAL DEP. | 19 | ← | 17 | ← | | |
| TOTAL CLAIMS | 20 | | 18 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | | |
| TOTAL DEP. | | ← | | ↓ | | |
| TOTAL CLAIMS | | | | ← | ← | ← |